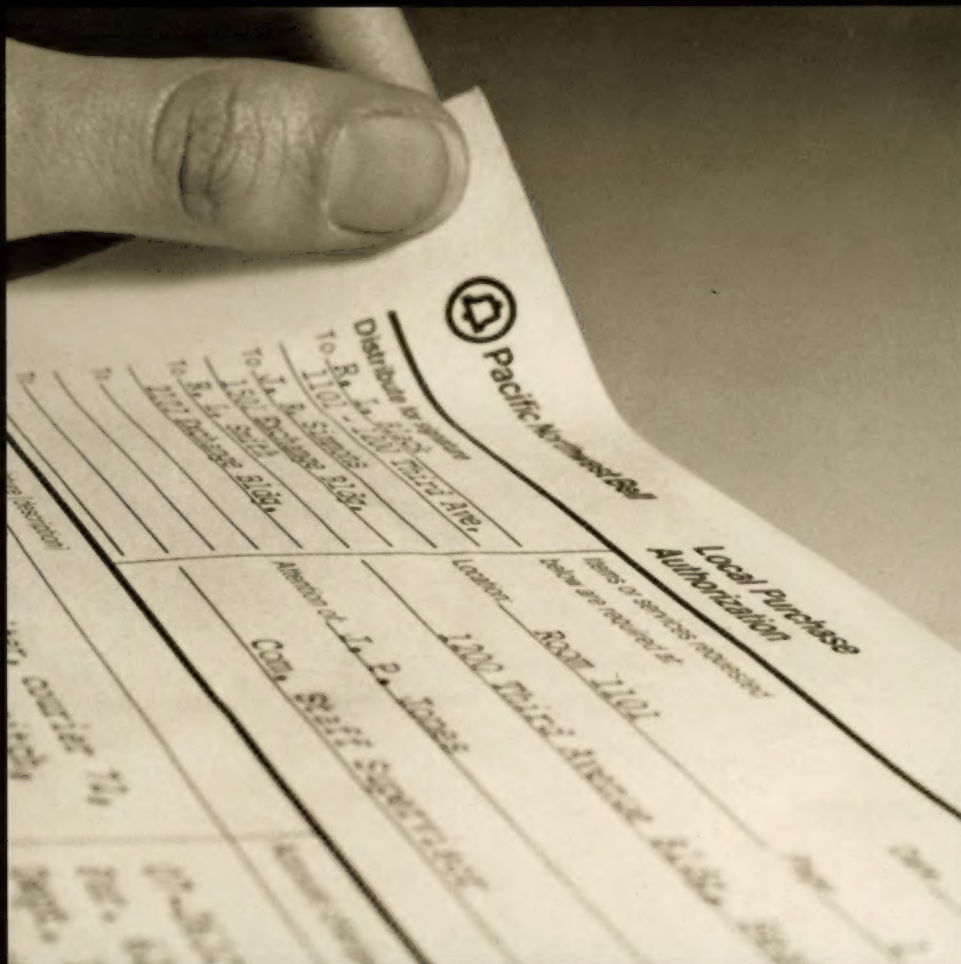


Supplement



Introduction	1
Financial Instruments	2-3
Specimen Check	2
Payroll Draft	3
Coin Telephone Refund Bearer Draft	3
Residence Customer Bills and Related Forms	4-5
Miscellaneous Bill	5
Treatment Notice	5
Business Customer Bills and Related Forms	6-9
Semipublic Service Bill	6
Final Statement-Semipublic Service	6
Directory Advertising Bill	7
Special Service Bill	8
Toll Settlement Statement	9
Internal Forms	10-15
Local Purchase Authorization	10
Supplies Requisition	11
Application for Employment	12
Medical Certificate	13
Report of Accident to Employee	14
Report of Examining Physician	15

This book is presented as a companion to the original edition of "Bell System Guidelines for Business Forms" distributed in 1971. The purpose of the first manual was to demonstrate a new layout and typography format for Bell System business forms, based on ten basic design principles. The recommended system was illustrated in the first manual through the presentation of proposed, typical forms. This supplemental edition utilizes new forms that demonstrate the Bell System design format.

In order to accommodate several of the larger forms, it was necessary to show them in reduced size. The actual size of all items is shown directly below the reproduction.

Copy references to effective utilization of the guideline principles within specific areas of the business forms will be pointed out within this manual. Therefore, it is necessary to first briefly restate these design and production guidelines so the references on the succeeding pages can be more clearly interpreted. A full statement of these principles is available in your original edition of the "Bell System Guidelines for Business Forms."

General Principles

1. The company signature should appear on every business form in the upper left corner, whenever possible.
2. Identify all forms with a title by placing the left edge of the title at the center line. Almost any size title can be accommodated and graphic uniformity maintained from one form to another.
3. Standardize on one typeface—Helvetica. The typeface selected for the new Bell System graphics is Helvetica.
4. Limit the number of type sizes. Always limit the number of type sizes to the fewest possible.

On most 8½" x 11" forms, general copy is usually 8-point type. More important information, such as captions, is set in 12 or 14-point. Using approved reproduction art, the company logotype should be made equal in size to the title of the form, which may be set up to 18 point.

5. For functional emphasis use a bolder typeface.

The general copy on the demonstration forms is Helvetica Light. Where emphasis is required for certain captions or headings, use Helvetica Medium rather than increase type size.

6. Avoid using all capital letters. Cap and lower-case letters are preferred for captions, phrases and body copy. Where emphasis is required, a bolder face in cap and lower-case is more effective than all caps.

7. Use hairline rules to separate information. For clarity and easy reading, the entries should not be overpowered by the rules surrounding them. Always specify hairline rules for general separation lines—both vertical and horizontal.

8. Use a heavy rule, set in 4-point, to create the Bell System look. Rules not only separate and organize the information on a business form, they can be useful as a design element. The heavy rule should be used sparingly to separate the different sections of information or to isolate and underscore key copy blocks.

9. Every line of copy and every copy block should follow some vertical alignment. Vertical alignment of copy lines or copy blocks creates the orderly appearance appropriate for a business form.

10. Print forms in contrasting inks. Bell System forms to be completed by typewriter or business machine should be printed in a contrasting color, such as blue. The black of the machine ribbon will then stand out.

Forms to be filled in with pen or pencil should be printed in black ink.

Financial Instruments

Shown on these facing pages are specimens of checks and payable-through drafts representative of disbursement instruments in current use in the Bell System.

A check (Fig. 1) is an order to a bank to pay on demand a sum of money already on deposit in an account in the bank. A payable-through draft (Fig. 2, Fig. 3) is an order to a company to pay a sum of money upon presentment by a bank through which the instrument has been made payable.

In the Bell System, the payable-through draft is most commonly used for payroll, commission, refund and dividend payments, while the check form is more often used for voucher disbursements.

Here are several basic requirements for the preparation of bank draft instruments.

1. Check or Draft Size:

Maximum length and height $8\frac{3}{4}" \times 3\frac{2}{3}"$
Minimum length and height $6" \times 2\frac{3}{4}"$
Recommended for Bell System use
 $7\frac{3}{8}" \times 2\frac{7}{8}"$

2. Routing Symbols

Must appear at top right area (e.g. $\frac{1-23}{456}$)

3. Magnetic Ink Character Recognition (MICR ENCODING)

An area $\frac{5}{8}"$ wide and extending 6" from the right end along the bottom edge of each check or draft is reserved for inscribing magnetic ink characters. (Printers use E-13B type font)

MICR character fields shall be printed as specified in ABA Publication 147R3—
"The Common Machine Language for Mechanized Check Handling".

4. Safety Paper

Use standard Bell System safety paper or paper with safety features showing the Bell System symbol in approved size and spacing.

C&P Telephone
Washington, D.C.

22003
 $\frac{1-23}{456}$

Voucher Number _____ Date _____

To the order of _____ **Pay** _____
The Chesapeake & Potomac Telephone Co.

To _____
The Riggs National Bank, Washington, D.C.

Authorized Signature _____

⑈L60702⑈ @:0456 @00231⑈

Specimen

Fig. 1 Specimen Check (Actual Size $7\frac{3}{8}" \times 2\frac{7}{8}"$)

	To C&P Telephone Washington, D.C.	460702 <small>1-23 456</small>
To the order of	Pay The Chesapeake & Potomac Telephone Co.	
Through The Riggs National Bank, Washington, D.C.	Authorized Signature	
		Specimen

Fig. 2 Payroll Draft (Actual Size 7 $\frac{3}{8}$ " x 2 $\frac{7}{8}$ ")

	To C&P Telephone Washington, D.C.	Coin Telephone Refund <small>1-23 456</small>
Pay to the order of BEARER when endorsed TWENTY-FIVE CENTS	No. Only 25¢	
This refund may be applied to your Telephone Account or cashed at the Telephone Business Office or Bank.		The Chesapeake & Potomac Telephone Co.
Through The Riggs National Bank, Washington, D.C.	Authorized Signature	
		Specimen

Fig. 3 Coin Telephone Refund Bearer Draft (Actual Size 7 $\frac{3}{8}$ " x 2 $\frac{7}{8}$ ")

Residence Customer Bills and Related Forms

Special Note on Customer Bill Design:

Customer bills and forms carry special significance in the area of corporate identification and public communication because of their exposure to so great a percentage of the consumer population. Under usual circumstances, customer bills and forms would be given extensive presentation in this manual. However, an agreement has recently been reached between the FCC and AT&T that certain items of information should appear on all customers' monthly telephone bills. This means that the present bill designs of most Associated Companies will require copy and design modification to include this information.

An AT&T Interdepartmental Bill Redesign Committee is working with the Companies on this project. Several basic approaches to bill design are now under consideration.

During the first quarter of 1974, the committee will prepare a report on bill redesign and on the information to appear on all bills. In the second quarter of 1974, the committee will prepare an AT&T recommendation for the Bell System standard bill. The new customer bill format will be illustrated and described in detail in a special business forms supplement to be issued in the second quarter of 1974.

Included in this manual are two customer bill forms that will not necessarily be affected by the new copy requirements and design format—"Miscellaneous Bill" and "Treatment Notice." These are shown and described on the facing page for reference to their utilization of the recommended design principles.

Although Figure 4, "Miscellaneous Bill" is a relatively simple form, it points out excellent use of the signature, careful vertical alignment and strong, bold rules to divide copy areas.

Figure 5, "Treatment notice" is given a pleasing but attention-commanding appearance through the use of bold rules. Since this document is generally one of a series of treatment notices, it is important that the headline which sets the tone, the amount due, and the company name be given clear prominence.



Pacific Northwest Bell

A 1149B-WI (8-72)

Miscellaneous Bill

Payment may be made at any
of our business offices or
mailed to:

Manager,
Pacific Northwest Bell
P. O. Box 12480
Seattle, Wa. 98191

U.S. Tax

Total Amount Due

Keep this statement for your records.

Detach and mail stub attached with your payment.

Fig. 4 Miscellaneous Bill (Actual Size 6 $\frac{1}{8}$ " x 4 $\frac{1}{8}$ ")

May we please hear from you?

A320 (12-71)

No one likes to receive notices about overdue bills...and we don't like to send them. But sometimes our customers aren't aware that our bills are payable upon receipt and past due after the "payment due" date shown on your bill.

If you have a question about your bill, or if you'd like to make a particular payment arrangement with us, please call. Your Service Representative will be glad to help.

Amount due



Pacific Northwest Bell

Fig. 5 Treatment Notice (Actual Size 8 $\frac{7}{8}$ " x 3 $\frac{1}{2}$ ")

Business Customer Bills And Related Forms

The documents reproduced in this section are noteworthy because they demonstrate a high degree of orderliness plus an efficient organization of information into carefully defined spaces. The use of 4-point bold rules is particularly effective when used to separate basic groups of information. Notice how clearly the principle bodies of information are defined on these forms.

Figures 6 and 7 show relatively small, simple forms that exemplify the Bell System look—the symbol is in the upper left corner, the identifying title is at the center line, the type sizes are held to a minimum and good use of 4-point bold rules are employed—all of which contribute to excellent visual and functional effectiveness.

Pacific Northwest Bell **Semipublic Service Bill**

This bill is for **Semipublic Service**

Balance from Last Bill (*Deduct if Paid*)

Other Charges and Credits (*List Enclosed*)

Directory Service

Monthly Service Charge (*Incl. U.S. Tax of*)

(*Total includes City Tax of*) **Total** →

Please Keep This Portion For Your Record

To Pay By Mail
Please Enclose
This Stub
♦ *Detach Here*

Semipublic
Bal

Fig. 6 Semipublic Service Bill (Actual Size 8¾" x 3½")

Pacific Northwest Bell **Final Statement—Semipublic Service**

Other charges & credits (*List enclosed*)

Balance from last bill (*Deduct if paid*)


Total Amount Due

Fig. 7 Final Statement—Semipublic Service (Actual Size 6⅞" x 4⅞")

Careful consideration must be given in the preparation of business forms of this type that they must be designed to comfortably accommodate typewriter spacing. The typist should not be required to repeatedly disengage the platen knob on the typewriter in order to utilize the pre-spaced sections of a form.

Fig.8 Directory Advertising Bill (Actual Size 8½" x 11⅝")

The Special Service Bill (Fig. 9) is also an outstanding example of Design Principle No. 9: "Every line of copy should follow some vertical alignment..." The vertical alignment here gives this bill greater visual simplicity. No copy has been placed on the form at random. The tear-off top section, when returned to the company with the payment, will continue to function efficiently because of its clean organization.

**Pacific Northwest Bell**

A 1103-6Y (5-72)
Special Service Bill

Acct. No.
Tel. No.

Total amount due \$


Please return this portion of bill
with your payment.

Account	Date

Pacific Northwest Bell

Fig.9 Special Service Bill (Actual Size 7⁵/₁₆"x 11⁵/₈")

The Toll Settlement Statement (Fig. 10) illustrates good solutions to a difficult form problem. The recommended typeface, Helvetica, is used in both medium and in light weight for good separation and emphasis. Additionally, the number of type sizes are held to a minimum, and the combination of bold and hairline rules organize the information into easily understood segments.

A 4059-D 10-71
 Pacific Northwest Bell

Toll Settlement Statement

Please mail payment to

Bell Independent Relations Manager
Pacific Northwest Bell Telephone Company
421 S.W. Oak Street
Portland, Oregon 97204

[Stamp]

Total Amount Due \$

Please return this portion of bill with your payment

Detach here →

Please detach and retain this portion for your records

	Due Pacific Northwest Bell	Due Independent Company
Toll Settlement Period _____, to _____ 19____		
Gross Revenue Billed (Excluding "Messenger")		X X X
Schedule A Settlement	X X X	
Schedule B Settlement	X X X	
Schedule C Settlement	X X X	
Non-interchanged Traffic		
Messenger Service Charges		
Foreign Exchange—Serving Company		
Foreign Exchange—Local Company		
Charge for Furnishing Toll Statements Msgs @ \$ 0025		X X X
CAMA Trunk		
ANI Settlement		
Total		
Net Settlement This Month		
Balance from Previous Month		
Total Amount Due		

Pacific Northwest Bell

Fig.10 Toll Settlement Statement (Actual Size 7¼"x 11½")

Internal Forms

Although it is shown in reduced size, the Local Purchase Authorization (Fig. 11) clearly demonstrates a form that has been effectively prepared to accommodate both typewritten and handwritten information. The document is reproduced here with the various copy areas filled in to better demonstrate a typical form that is to be expedited through several persons within a Bell System company. This instrument could have become cumbersome to use, but instead it has been prepared with good

visual simplicity through the application of the majority of our basic design guidelines.

Particular attention to two of the basic design criteria has added considerably to the effectiveness of this purchase authorization:

Principle No. 9: The vertical alignments are well coordinated.

Principle No. 10: The form is printed in blue ink, allowing the typewritten specification information to stand out clearly.

Pacific Northwest Bell		Local Purchase Authorization		Request Number 101	
Distribute for signature		Items or services requested below are required at			
To <u>R. L. Black</u>		Date <u>August 1, 1973</u>			
1101 - 1200 Third Ave.					
To <u>J. R. Simmons</u>		Location <u>Room 1101</u> Page <u>1</u> of <u>1</u> pages			
1501 Exchange Bldg.		1200 Third Avenue Bldg, Seattle, Wash.			
To <u>R. L. Smith</u>		Attention of <u>J. P. Jones</u>			
2103 Exchange Bldg.		Com. Staff Supervisor			
To _____					
To _____					
Quantity	Item nomenclature description	Unit Price	Amount		
1 ea.	ABC typewriter, courier 72, Standard Keyboard, 10 pitch, color: Beige	97-261C Par. 628 Dept. 1 Estimate 0-2007	\$ 630.00		
	Tab Code 02219				
	Tag # 134520				
	Wash. St. sales tax		33.39		
Total:			\$ 663.39		
Supplier's name <u>ABC Office Machine Center</u>					
Address <u>2200 Sixth Avenue, Seattle, Washington 98121</u>					
Reason for Purchase			If Capital Item		
New typewriter for one additional Commercial staff typist.			<input type="checkbox"/> Addition		
			Included in <u>3rd</u> qtr Gen Ea Est		
			Ordered Date <u>August 1, 1973</u>		
			By _____		
			Title <u>Staff Supervisor</u>		
Approved Date _____			Approved _____		
By _____			By _____		
Title <u>Division Coml. Mgr.</u>			Title <u>Gen. Coml. Mgr.</u>		
Items received or service completed except as shown on back of this form			Suppliers Invoice No _____		
Date received _____ Signed _____			Date _____		
			Amt. of Invoice \$ _____		
Detach from binder—leave carbons in place			Reference C I 52 I P I 731 00		

Fig. 11 Local Purchase Authorization (Actual Size 8½"x 11½")

The use of horizontal 4-point bold rules is effective when used to separate key sections of information, as shown on Figure 12, "Supplies Requisition." Notice how clearly the principle bodies of information are defined on this form.

Fig. 12 Supplies Requisition (Actual Size 8½" x 11½")

Personnel Forms, such as the recommended Application for Employment below, present a challenge to the business forms designer because these documents often contain varied elements of information, must accommodate both typewritten and handwritten information – and sometimes are utilized by persons who are not regularly involved with (or might even dislike) filling out forms. Therefore, it is essential that careful thought be given to the organization and visual clarity of the information.

Notice that a functional and visual orderliness has been achieved on the forms in this section because the information has been organized into logical sequences. Since people read from left to right, the continuity of the copy material is organized horizontally. The subdivisions of information are then separated precisely by bold rules that contribute to the organizing process.

The call-out captions on these forms use the Helvetica Light typeface in cap and lower case letters. This makes the captions recessive and allows the filled-in material (typed or handwritten) to stand out more prominently. The captions throughout these specimen forms are in vertical alignment – as are the bold captions in every case. These design criteria are rather easily accomplished and will do much to make these forms less difficult to interpret by their users.



Pacific Northwest Bell

Application for Employment

An Equal Opportunity Employer Discrimination because of race, color, religion, sex or national origin is prohibited. Applicants who believe they have been discriminated against may notify the Federal Communications Commission, the Equal Employment Opportunity Commission, or other appropriate agencies.

Personal Data

Last Name (Please Print)			First	Middle Initial	Social Security Number	Date of Birth*
Present Address			Number and Street and Apt. No.		City	State
					Zip Code	Phone or Reach No.

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

Education and Training

Started	Left	Name of School	Complete Address	Grade	Your Last Name at
Mo.	Yr.	(List most recent school first)	(Street, City, State, Zip Code)	Completed	Time (if different)

Employment History

Started	Left	Employer (Include Tel. Co.)	Complete Address	Phone No.	Type of	Pay Rate	Reasons for Leaving	Your Last Name at
Mo.	Yr.	(List most recent job first)	(Street, City, State, Zip Code)	(If Known)	Work			Time (if different)

Military Service

Entered	Discharge	Branch	Type of Work	Type of Discharge	Special Training
Mo.	Yr.	Mo.	Yr.		
		<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard			

Are you entitled to disability compensation under the laws administered by the U.S. Veterans' Administration for a disability rated at 30 percent or more? ☐ Yes ☐ No

Were you discharged or released from active duty in the military service of the United States because of a disability incurred or aggravated in the line of duty? ☐ Yes ☐ No

*Regulations of the U.S. Department of Labor require certain government contractors to report on the hiring of disabled veterans and veterans of the Vietnam era.

Have you ever been convicted of a violation of the law, other than minor* traffic violations (*minor – a non-moving violation such as infrequent parking ticket)? ☐ Yes ☐ No

The Telephone Company has an obligation to its customers to employ those who will maintain the security of its service, and whose contacts with customers will maintain public confidence. To achieve these objectives, the Company may conduct investigations including verification of prior employment history and education. By signing this application you authorize the Company to make these investigations, and you indicate your awareness that false statements or failures to disclose information may be sufficient to disqualify you for employment, or if employed, may result in your dismissal.

Signature of Applicant

Office Use Only	Date	<input type="checkbox"/> Telephone Interview <input type="checkbox"/> On Premise Interview	Initial Interview by	Evaluation Interview by	Office	Application No.
Job Placement Information	Job Title	District	Requisition No.	Reporting Location	Starting Wage: \$	Date to Report
					Department	Time
						EEO

Fig. 13 Application for Employment (Actual Size 11"x 8½")

Notice also the careful attention to the other design principles that is clearly apparent in this group of Pacific Northwest Bell business forms:

Principle No. 1—Signature in upper left corner.

Principle No. 2—Forms identified with title at center line.

Principle No. 3—One typeface—Helvetica.

Principle No. 4—Type sizes limited.

Principle No. 5—Bolder typeface used for emphasis.


Principle No. 6—Good use of caps and lower case type.

Principle No. 7—Hairline rules used to separate information.

Principle No. 8—4-point bold rules used to create the Bell System look.

Principle No. 9—Vertical alignment of copy elements adhered-to wherever possible.

Principle No. 10—Forms printed in black—to contrast with information filled in with pen or pencil.

 **Pacific Northwest Bell** **Medical Certificate** B 402 (3-72)

(Lines 1-4 to be completed by Employee)

1 To Dr. (Attending Physician) _____ Tel. No. _____

2 Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

3 Date _____ You are hereby authorized to furnish all necessary information to the Company's Medical Department physician during my present illness.

4 If clinic patient Case No. _____ Employee's Signature _____

(Lines 5-9 to be completed by Department)

5 Employee: Mr. _____ Mrs. _____ Miss _____ Last _____ First _____ Middle _____ Age _____ Years of Service _____

6 Residence (Street) _____ (City) _____ (State) _____ (Zip Code) _____

7 Department _____ Employee Headquarters (Address) _____ (City) _____ (Zip Code) _____

8 Supervisor Name _____ Title _____ Tel. No. _____

9 Send B 404 to Name _____ Title _____ Tel. No. _____

Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____

For use of attending Physician

The information requested on this form is necessary to determine this employee's eligibility to receive sickness disability benefit payments under the Company Benefit Plan. Continued payments under this Plan cannot be properly approved until this form is completed by you and received by the Medical Director.

This is not an insurance form Medical Director

10 Date of onset _____ Date of Examination First _____ Most Recent _____

11 Diagnosis _____

12 Taking into account the type of work this employee does, is the illness sufficient to prevent this employee from working? Yes _____ No _____

13 In your opinion when will the employee be able to work? Regular work _____ Limited work _____

14 If date of return is indefinite or prolonged, please indicate medical reasons for continued absence _____

Date _____ Physician's Signature _____ M.D.

Important: Please mail promptly to the Medical Director in the attached envelope
Thank you for your assistance

Please use reverse on this form if additional space is required

Fig. 14 Medical Certificate (Actual Size 8½" x 11⅝")



Pacific Northwest Bell

Report of Accident to Employee

Statement of: Injured *Employee *Witness

Name of injured employee

Date accident occurred

Time of day

Location (State)

County

Place

Definite location

When did you notify your supervisor of this accident?

Date _____

Hour

Explain in detail all the facts concerning this accident that are known by you. (Use reverse if necessary.)

*Rule out words not applicable

Signed

Title

Date _____

Fig. 15 Report of Accident to Employee (Actual Size 8½" x 11⅝")



Pacific Northwest Bell

B394 A (6-72)

Company Confidential

Report of Examining Physician

(For Services at Company Request)

Requested by _____
(Name) (Title) (Tel. No.)

Mail report to: _____
(Street address) (City)

Name of Patient _____

For Use of Examining Physician

Date of Examination _____

Please answer on this form all specific questions listed on attached form B 395. Memorandum for Examining Physician, dated _____. The "Examining Physician's Copy" is for your file. Forward all other copies to Reports Section, Medical Department, in the enclosed envelope, form B 405.

Diagnosis: _____

Comments, Recommendations, Indicated Medical Treatment, etc. (Including significant reports of X-rays and special studies):

(Note: Please use a separate sheet for additional information)

The following should be completed, when pertinent: Is patient disabled? Yes ☐ No ☐

Date disabled employee may return ----- to light duty _____
List specific restrictions _____
----- to regular duty _____

Name of Personal Physician _____

Examining Physician M.D.

Street Address

Date _____
City _____

Fig. 16 Report of Examining Physician (Actual Size 8½" x 11⅝")

The business forms used by each Bell System Company serve to represent the company to its customers, employees and prospective employees alike. Business forms reflect your company's attitudes towards operational efficiency and its concern for the individual who prepares or receives the document.

The Bell System now has a successfully implemented business forms format that is built around carefully planned and easily utilized guidelines. Every person involved with designing or producing business forms should do so with these guidelines in hand. Copies of these guidelines should also be given to printers to insure that your company's business forms have the clean, efficient look of our new graphic system. If any questions are raised by these guidelines, please direct them to your company Graphics Coordinator.



